

City of Bloomington Parks and Recreation
P.O. Box 848, 401 N. Morton St., Bloomington, IN 47402
(812)349-3700

FEE WAIVER APPLICATION

Any **CITY RESIDENT**, individual, or family, who feels that a fee for a Bloomington Parks and Recreation admission would be discriminatory due to financial hardship, may request a waiver of fees. Federal Office of Management and Budget's guidelines of 150% poverty level will be used for determining eligibility.

Head of Household's Last Name: _____

Number in Household: _____

FEE WAIVER APPLICATION REQUIREMENTS

- ❖ **A \$5 application fee must accompany your application. Applications which do not have the \$5 fee attached will not be considered.**
- ❖ **Proof of income is required.** All applicants must show proof of income, which includes ALL of the following that apply for each adult income earner in your household:
 - Your most recent income tax return (2013) **OR** your last four (4) payroll stubs
 - Current statements for unemployment, food stamps, child support, TANF, Social Security, Supplemental Security Income, and other assistance programs that show your current benefit amount
- ❖ **Notarized Citizen / Qualified Alien Status Affidavit is required.** All applicants must submit a notarized copy of the attached affidavit that states they are eligible for public benefits under the state immigration law.
- ❖ **Proof of Residency is required.** All applicants must show proof of living within the corporate city limits, which is any of the following:
 - A current utility bill (water, electricity, cable, internet, landline telephone, etc.)
 - Your current housing lease or mortgage statement
 - A letter from a residential community, such as the Bloomington Housing Authority.

- ❖ Requests for waivers will be approved or denied by the appropriate Division Director or Program Coordinator.
- ❖ The Bloomington Parks and Recreation Department reserves the right to revoke fee waivers for misuse. Only those names which appear on the waiver may use the waiver.
- ❖ Applicants will be notified in writing whether the application has been approved or denied. Approved pool passes will be kept on file at both Bryan Park and Mills Pools.
- ❖ Any applicant denied a waiver of fees has the right to appeal to the Bloomington Board of Park Commissioners, who reserves the right to reject or authorize the waiver.

List on next page the first and last names and ages of your **IMMEDIATE*** family members you wish to include on your pass.

***IMMEDIATE** family members include only mother, father, or legal guardian, and their children who are 17 and under, residing in the same household.

Applicant's Signature

Telephone Number

Address

Zip

____/____/2014
Date



Season Pool Pass Fee Waiver Application

**A family includes parents (maximum of 2) and their dependent children who are age 17 years and under, residing in the same household.*

ALL FEE WAIVER APPLICANTS MUST COMPLETE THE FOLLOWING:

	Last Name	First Name	Date of Birth	Age	Relationship to Primary Contact
Adult 1			____/____/____		
Adult 2			____/____/____		
Youth 1			____/____/____		
Youth 2			____/____/____		
Youth 3			____/____/____		
Youth 4			____/____/____		
Youth 5			____/____/____		
Youth 6			____/____/____		
Youth 7			____/____/____		
Youth 8			____/____/____		

OFFICE USE ONLY: Reviewer's Initials _____ Date received ____/____/2014 Date mailed ____/____/2014

STATE OF INDIANA)
) SS:
 COUNTY OF MONROE)

AFFIDAVIT

The undersigned, being duly sworn, hereby affirms under penalty of perjury that:

The undersigned, _____ (name), who
 submits a Fee Waiver application on _____ (date)

1. is eighteen (18) years old; and,
2. is a U.S. citizen or 'qualified alien' as defined by 8 U.S.C.

 Signature

 Printed name

STATE OF INDIANA)
) SS:
 COUNTY OF MONROE)

Before me, a Notary Public in and for said County and State, personally appeared
 _____ and acknowledged the execution of the foregoing this ____ day of
 _____, 201__.

 Notary Public

 Printed name

Residing in _____ County

My Commission Expires: _____

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